



# Application for DNA Testing: Kinship



Complete the application form and return to identilab:

**PO Box 151  
Rochedale South QLD 4123**

**hello@identilab.com.au**

**Fax: +61 7 3088 5507**

*Please call us on 1300 114 294 if you need assistance with this form.*

Testing required	Type of testing	Postage
<input type="checkbox"/> Legal testing \$325/person (x .....) <input type="checkbox"/> Non-legal testing \$275/person (x .....) <input type="checkbox"/> Known parent \$50/person (x .....) 	<input type="checkbox"/> Standard autosomal STR testing <input type="checkbox"/> Y-STR testing (certain male relatives)	<input type="checkbox"/> included – send ALL kits to one address <input type="checkbox"/> \$10 – send kits to separate addresses <input type="checkbox"/> \$10 – send kits via Express Post

**TOTAL \$ .....**

Payment	
<input type="checkbox"/> Cheque or Money Order	Please make payment to 'Identilab Pty. Ltd.'
<input type="checkbox"/> Bank transfer	Bank: Bankwest BSB: 304 191 Account number: 0176975 Account name: Identilab Pty. Ltd.
<input type="checkbox"/> Credit card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other Card no: .....CVV: ..... Expiry: ..... Name on card: ..... Amount: \$ ..... Signature: .....

Person 1		Person 2	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Send kit(s) here <input type="checkbox"/>		Send kit(s) here <input type="checkbox"/>	
Phone:		Phone:	
Email:		Email:	
Person 3		Person 4	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Send kit(s) here <input type="checkbox"/>		Send kit(s) here <input type="checkbox"/>	
Phone:		Phone:	
Email:		Email:	

By submitting this application form you agree to, and will be bound by, our terms of service:  
<https://www.identilab.com.au/pages/terms-of-service>